

# Joliet Public Schools District 86

Louise E. Coleman, Ed.D.  
Superintendent of Schools

**Board of School Inspectors**  
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Secretary

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JUN 8 2000  
FCC MAIL ROOM

Before the  
Federal Communications Commission  
Washington DC 20554

In the Matter of:

Request for Review by the	)	
Joliet Public Schools –	)	FCC Docket Nos. 97-21
District 86 of the Decision	)	and 96-45
Of the Universal Service Administrator	)	
Decision on Appeal – Funding Year	)	
1999-2000	)	

**Applicant:** Joliet Public School District #86  
**Billed Entity Number:** 135556  
**Application Number:** 149421

## Summary

We respectfully ask the Federal Communications Commission (FCC) to review the decision of the Universal Service Administrator for the funding year 1999-2000, whereby the Schools and Libraries Division (SLD) of the USAC has denied our application due to an error in the signature date of the Form 471. The applicant (Joliet Public Schools) denies that the Form was signed on the 03/03/99 date, but was instead signed on 04/03/99. We concede that the error was made in the Form 471 signature page – however – all of the evidence attached herein proves that the signature date was in fact 04/03/99. There was never any intent to defraud, misrepresent, or work in bad faith against any of the Rules of the Program. In fact, the evidence will show that the Joliet Public Schools worked diligently to make sure it fell within the Rules of the Program.

We respectfully ask that the FCC review the evidence presented in this case, review the SLD's decision in this matter, and allow the Form 471 to be treated as properly filed on 04/03/99. We ask that the FCC waive the Administrative Rule for the Form 471 Signature Page that requires the date be no earlier than the "Allowable Contract Date". We ask the Waiver when – as in the case made here – the evidence clearly show that the date on the Form 471 was human error, and – most importantly – all of the evidence shows the actual signature date to be within the Program Rules.

### **Statement of the Case**

- The Joliet Public Schools (applicant) **initially** applied for Year 2 of the Universal Service Program or “E-Rate” program in accord with the Rules by submission of its **first** Form 470 on January 20, 1999. Per Attachment A, on March 2, 1999 Bryce Carlisle from the SLC faxed Joliet Public Schools with questions concerning the original Form 470 submitted in January. Subsequently, after working with the SLC, a second Form 470 was resubmitted in the corrected format.
- The Joliet Public Schools (applicant) applied for Year 2 of the Universal Service Program or “E-Rate” program in accord with the Rules by submission of its Form 470. Per Attachment B, the Form and Certification was received on **03/05/1999**, posted the next day 03/06/1999, and the applicant was given an Allowable Contract Date of **04/03/1999**. (This was the second Form 470, resubmitted in corrected format.)
- Joliet Public Schools continued its efforts in completing the application by abiding by the Rules of the Program, which require a 28 day “bidding period” between posting of the Form 470 and signature of the contracts. Per the Attachment B, Joliet was able to sign final contracts with vendors on 04/03/1999.
- Joliet Public Schools proceeded to complete contracts for the services requested. Attachment C contains copies of contracts with vendors Ameritech, Larson Electric and Gordon Flesch Co. for eligible telecommunications and Internal Connections products and services.
- Per the evidence in Attachment C, all of the bids and contracts were received **after 03/03/1999**, and no Final Agreements were completed until the allowable contract date of 04/03/1999 – the “Allowable Contract Date” per Program Rules.
- As evidenced in Attachment D, and in accordance with Program Rules, the Form 471 was completed, bids and prices were secured, and the Form 471 was submitted to the SLD on **04/05/1999** by US Post Office overnight mail. Please note Attachment D, which is the receipt from the US Post Office for the submission of the Form 471 to the SLD.
- Joliet Public Schools recognizes the human error made on the Form 471 signature page. The date was incorrectly given as 03/03/1999, where clearly, the actual signature date was **04/03/1999**. **All of the evidence clearly points to the later date of 04/03/1999 – after the Form 470 was submitted and posted, after the bids were received, and just before the 04/05/1999 submission of the Form 471.**

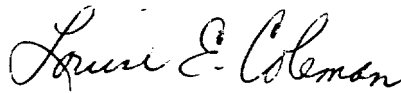
Joliet Public Schools cannot easily dismiss the error in dating the signature on Form 471, however, we are asking the FCC to consider the wealth of evidence that points to the **04/03/1999** date as being the actual signature date. The error was real, regrettable, and will have far reaching consequences by denying the benefits of the E-Rate program to one of Illinois largest, and most economically challenged School Districts. Nevertheless, we continue to insist that we strove to work within the Program's Rules with our application.

- Finally, we implore that the Joliet Public Schools had **absolutely nothing** to gain by misrepresenting the signature date, and clearly, the evidence shows the actual date to be the **04/03/1999** date. Moreover, Joliet made at least two calls to the SLD help-desk during the time period in question to assure that they were in accordance with Program Rules for bidding and submission of the Forms 470 and 471.

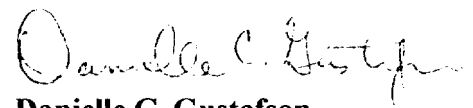
**We respectfully ask that the Commission consider a Waiver of the Rules and allow the Joliet Public Schools to have their application treated as though the signature was the 04/03/1999 date, as opposed to the erroneous 03/03/1999 date on the Form 471. This appeal is consistent with the evidence presented, and in accord with the Program Rules.**

**Please do not hesitate to call us if there are any questions surrounding this Appeal.  
Contact person:**

**Joliet Public Schools, District #86  
Danielle C. Gustafson  
420 N. Raynor  
Joliet, IL 60435-6065  
(815) 740-3196  
(815) 740-6520 fax**

  
Sincerely,

**Dr. Louise E. Coleman, Ed.  
Superintendent**

  
**Danielle C. Gustafson  
Technology Director**

**Attachment A:**

- **Fax dated March 2, 1999 identifying errors in Initial Form 470 Submitted in January**
- **Fax dated March 5 requesting resubmittal of a Form 470, thus canceling the original Form 470**
- **US Post Office Receipts-Original Form 470**

SLC

SCHOOLS AND LIBRARIES  
CORPORATION

888) 203-8100

**\*\*URGENT\*\***

Applicant ID: 135556

Universal Control#:

827970000156208

Date: 3/2/99

To: Daniel Gustafson

Re: Form 470

We have tried numerous times to contact you by telephone. We have questions concerning your form 470 Application. Please immediately fax to **1-888-276-8736**, indicating a telephone number and time by which we can contact you during the next three days. Please respond no later than Thursday Mar 5

Thank you,

Danielle C. Gustafson  
Joliet Public Schools.

Tel# 815 740 3196 8<sup>00</sup>AM-4<sup>30</sup>PM.  
Central S.T.

Schools and Libraries Division

Item 12: The Centrex Phone System is an existing binding contract with Ameritech beginning 9-30-97 and terminating 9-30-2002. Contracts signed with Ameritech for 64K lines 3-2-98 to 3-2-2003 (60 month contracts). *Resigned to be rebid.*

Item 13: On this 470 there is no request for internal connections.

Item 14: There are contracts signed for the DS-1 lines for 3 years with Ameritech, beginning 09/22/98 and ending 09/22/2001.

Note: We will be filling out another 470 for some additional internal connections.

old  
1st submitted

# 470 Schools : Description of Service

Applicant ID:



827:

ATTN:  
Daniel C.  
Gustafson

Approval by OMB  
3060-0806

## Service Information Form

This form is designed to help schools and libraries, their website and interested service providers can identify the applicant as a potential

Maximum Hours Per Response: 6 hours  
Make sure that this data can be posted on a

Please read instructions before completing.

by that will negotiate with providers.)

### Block 1: Applicant Address and Identifications (School, library, or consortium describing the service funding.)

1. Name of Applicant Joliet Public Schools, Dist 86		2. Funding Year 1999	
3a. NCES School Code (if individual school) or NCES Library Code (if individual library) 17 20580			
3b. Universal Service Control Number (Administrator will insert this) 82799000156208		3c. Applicant ID Number (Administrator will insert this) 135556	
4a. Type of Applicant (Check only one box.) <input type="checkbox"/> school <input checked="" type="checkbox"/> school district <input type="checkbox"/> library or library consortium under the LSTA <input type="checkbox"/> consortium of multiple entities		4b. If applicant is a consortium, check all other boxes that apply: <input type="checkbox"/> includes non-governmental entities ineligible for support <input type="checkbox"/> entity desires separate bills for each member of consortium <input type="checkbox"/> entity desires separate bills for some members of consortium <input type="checkbox"/> region of a state <input type="checkbox"/> statewide <input type="checkbox"/> multi-state <input type="checkbox"/> state educational agency <input type="checkbox"/> local educational agency <input type="checkbox"/> educational service agency	
5. Applicant's Street Address, P.O. Box, or Route Number 420 N. Raynor Ave.			
City Joliet	State IL	Zip Code 60435	Telephone Number 815-740-3196
E-mail Address dcgusto@hotmail.com			
6. Contact Person's Name Danielle C. Gustafson			
Street Address, P.O. Box, or Route Number (if different from Item 5)			
City	State	Zip Code	
Fill in all of the following (if available), and check the preferred mode of contact: <input type="checkbox"/> Telephone 815-740-3196 <input checked="" type="checkbox"/> FAX 815-740-6520 <input type="checkbox"/> E-mail dcgusto@hotmail.com <input type="checkbox"/> Mail			

### Block 2: Other Characteristics of Applicant

7a. Number of students 8766	7b. Number of library patrons
8. Number of buildings to be served 21	9. Number of rooms to be served 575

### Block 3: Summary Description of Needs or Services Requested

10. ☐ Check if applicant seeks discounts only for eligible services based on one or more existing, binding contract(s) and proceed to Block 4. If so, provide date(s) contract(s) was/were signed \_\_\_\_\_ and its/their termination date(s) \_\_\_\_\_

11. ☐ Check

local (RFP) available. If the RFP is posted \_\_\_\_\_

dress

*Please verify w/ reference to BIK 3 items 12, 13 & 14 - Are these existing/binding contracts?*

*\* please email your response to bryce\_carlisle@yahoo.com or call 1 888 203 8100*

*DA 2-25-99*

Form 470-1000 10-98  
Contact Person's Name Danielle C. Gustafson and Phone Number 815-740-3196

(1)	(2) Existing Service	(3) Additional Services Desired	(4) Total Service Desired	(5) Details (Optional)
<b>12. Telecommunications Services</b>				
a. Number of phones that have or require service (See instructions concerning extension phones and fax machines.)	204	0	204	103
b. Number of computers that have or require service				
c. Number of high bandwidth video conferencing links				
d. Specify other (Optional) High Speed transmission lines	18		18	64K lines for WAN
	4		4	DSL lines for WAN
<b>13. Internal Connections</b>				
a. Number of buildings with at least some rooms connected	21	6	21	Complete
b. Number of rooms connected	575	0	575	
c. Highest speed of connection	10BaseT			
d. Specify other (Optional)				
<b>14. Internet Access</b>				
a. Number of dial up connections necessary	3	0	3	
b. Highest speed of such dial up connections	33.6K Pops			
c. Number of direct connections necessary	3	0	3	DS-1 Lines
d. Highest speed of such direct connections	DSL			
e. Specify other (Optional)				

15. You may provide additional summary information about the services you are requesting to help service providers identify your needs more precisely. You may provide technical requirements or give an informal description of your telecommunications-related goals. You may attach additional pages if necessary.

~~We are requesting funding for telephone lines highspeed~~  
~~transmission lines and DS-1 lines to the Internet.~~

Contact Person's Name Danielle C. Gustafson and Phone Number: 815-740-3196

16. ☐ Check here if there are any restrictions imposed by state or local laws or regulations on how and when providers may contact you or on other bidding procedures. Please describe below any such restrictions or procedures. You may attach restrictions or give website where they are posted.

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17. Purchases in future years: If you have current plans to purchase additional services in future years, describe them below. (Providing this information is optional.)

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#### Block 4: Technology Assessment

18. Although the following services and facilities are ineligible for support, they are usually necessary if schools and libraries are to make effective use of the eligible services requested in this application. (If your application is only for basic voice telephone service, check this box ☐ and go to Item 19. Otherwise, you must check at least one box on each of the other lines. You may provide details for purchases being sought.)

a. Desktop communications software: Software required ☒ has been purchased; and/or ☐ is being sought.

b. Electrical systems: ☒ adequate electrical capacity is in place or has already been arranged; and/or ☐ upgrading for additional electrical capacity is being sought.

c. Computers: a sufficient quantity of computers ☐ has been purchased; and/or ☒ is being sought.

d. Computer hardware maintenance: adequate arrangements ☒ have been made; and/or ☐ are being sought.

e. Staff development:  
☒ all staff have had an appropriate level of training or additional training has already been scheduled; and/or ☐ training is being sought.

f. Additional details: Use this space to provide additional details to help providers to identify the services or facilities you desire.

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Contact Person's Name Danielle C. Gustafson and Phone Number: 815-740-3196

**Block 5: Listing Consortium Participants**

19. **Eligible Entities:** (Billed Entities.) If applicant is an individual school or a library or a school district or a library system that will receive only one bill, it should only fill in the first row of this chart. If applicant is a consortium of multiple billed entities, then it should fill out a row for each billed entity. (Applicant may attach additional pages.)

Billed Entity	Billed Entity's Zip Code	Billed Entity Code (Inserted by Administrator)	Zip Code(s) of Recipients of Service
Joliet Public Schools, Dist 86	60435		60432, 60433, 60435, 60436

20. **Entities Ineligible for Schools and Libraries Discount:**

Name of Entity	Zip Code(s) of Recipient of Service	Contact Person	Phone Number, E-mail Address, or Alternative Preferred Contact Method

**Block 6: Certifications and Signature**

21. The applicant includes: (Check one or both.)

- a. ☒ schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or
- b. ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any school (including, but not limited to) elementary and secondary schools, colleges, and universities.

22. All of the individual schools, libraries, and library consortia listed above in item 19 are covered by:

- a. ☒ individual technology plans and/or
- b. ☐ higher-level technology plans for using the services requested in this application (if those services consist of other than voice services).

Contact Person's Name Danielle C. Gustafson and Phone Number: 815-740-3196

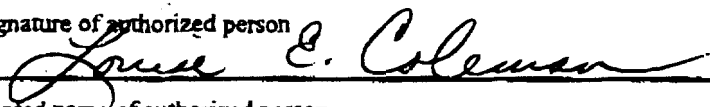
23. Status of technology plans (check one):

- a. ☒ Technology plan(s) has/have been approved; or
- b. ☐ Technology plan(s) will be approved by a state or other authorized body; or
- c. ☐ Technology plan(s) will be submitted to Schools and Libraries Corporation for approval.

24. ☒ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.

25. ☒ I recognize that support under this support mechanism is conditional upon the school(s) or library(ies) I represent securing access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to use the services purchased effectively.

26. ☒ I certify that I am authorized to submit this request on behalf of the above-named applicant, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

27. Signature of authorized person 	28. Date 1/15/99
29. Printed name of authorized person Louise E. Coleman	
30. Title or position of authorized person Superintendent	

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

**NOTICE TO INDIVIDUALS:** Section 54.504 of the Federal Communication Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Description of Services Requested and Certification Form (FCC Form 470) with the Universal Service Administrator, themselves or as part of a consortium. 47 C.F.R. § 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation of potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party of a proceeding before the body or has an interest in the proceeding.

If you owe a past due debt to the federal government, the taxpayer identification number (such as your social security number) and other information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide this information to these agencies through the matching of computer records when authorized.

With the exception of your social security number, if you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of

Contact Person's Name \_\_\_\_\_ and Phone Number: \_\_\_\_\_

1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, *et seq.*

Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 20554.

This form should be submitted to:

**SLC-Form 470  
P.O. Box 7026  
Lawrence, Kansas 66044-7026  
1-888-203-8100**

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form should be mailed to:

**SLC-Form 470  
c/o Ms. Smith  
3833 Greenway Drive  
Lawrence, Kansas 66046  
1-888-203-8100**

Is your RETURN ADDRESS completed on the reverse side

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

SLC-Form 470  
 Mo Ms Smith  
 3833 Greenway Dr  
 Lawrence, Kansas 66046

4a. Article Number

23715551118

4b. Service Type

- ☐ Registered ☒ Certified  
☐ Express Mail ☐ Insured  
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

JAN 25 1995

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

Randell Howard

8. Addressee's Address (Only if requested and fee is paid)

SAME

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Label 11-B July 1997

US Postal Service

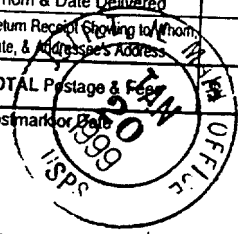
Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to		Ms. Smith
Street & Number		3833 Greenway Dr.
Post Office, State, & ZIP Code		Lawrence, Kansas 66046
Postage	\$	1.46
Certified Fee		1.46
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt Showing to Whom & Date Delivered		128
Return Receipt Showing to Whom, Date, & Addressee's Address		342
TOTAL Postage & Fees		3.42
Postmark or Date		

PS Form 3800, April 1995



Att.  
Bryce

**SLC**

SCHOOLS AND LIBRARIES  
CORPORATION

888) 203-8100

Date: 3/5  
To: Daniel Gustafson  
Re: Form 470

**\*\*URGENT\*\***

Mailed to  
SLC-Form 470  
c/o Ms Smith  
3833 Granway Dr  
Lawrence, Kansas

This is the  
new 470  
mailed-  
overnight  
3-4-99.  
It was to  
arrive before  
noon today. 3-5-99  
SLC bustup

We have tried numerous times to contact you by telephone. We have questions concerning your form 470 Application. Please immediately fax to **1-888-276-8736**, indicating a telephone number and time by which we can contact you during the next three days. Please respond no later than \_\_\_\_\_.

Thank you,

Schools and Libraries Division

I need a fax confirming that you have resubmitted a 470 and that this 470 can be cancelled. I am sending the entire form so you can see items 12, 13, & 14 - this is the part that needs to be corrected - what you mentioned as being corrected in the new 470.

Thank you.

Mailed 3-4-99

470

# Schools and Libraries Universal Service

## Description of Services Requested and Certification Form

Estimated Average Burden Hours Per Response: 6 hours

This form is designed to help schools and libraries describe the eligible telecommunications-related services they seek so that this data can be posted on a website and interested service providers can identify the applicant as a potential customer and compete to serve it.

Please read instructions before completing.

(To be completed by entity that will negotiate with providers.)

### Block 1: Applicant Address and Identifications (School, library, or consortium desiring Universal Service funding.)

1. Name of Applicant Joliet Public Schools, Dist 86 2. Funding Year 1999

3a. NCES School Code (if individual school) or NCES Library Code (if individual library)

3b. Universal Service Control Number  
(Administrator will insert this) 285590000236639 3c. Applicant ID Number 135556  
(Administrator will insert this)

4a. Type of Applicant  
(Check only one box.)

- ☐ school  
☒ school district  
☐ library or library consortium under the LSTA  
☐ consortium of multiple entities

4b. If applicant is a consortium, check all other boxes that apply:

- ☐ includes non-governmental entities ineligible for support  
☐ entity desires separate bills for each member of consortium  
☐ entity desires separate bills for some members of consortium  
☐ region of a state ☐ statewide ☐ multi-state  
☐ state educational agency  
☐ local educational agency  
☐ educational service agency

5. Applicant's Street Address, P.O. Box, or Route Number 420 N. Raynor Ave.

City Joliet State IL Zip Code 60435 Telephone Number 815-740-3196 E-mail Address dcqusto@hotmail.com

6. Contact Person's Name Danielle C. Gustafson

Street Address, P.O. Box, or Route Number (if different from Item 5)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Fill in all of the following (if available), and check the preferred mode of contact: ☐ Telephone 815-740-3196  
☒ FAX 815-740-6520 ☐ E-mail dcqusto@hotmail.com ☐ Mail

### Block 2: Other Characteristics of Applicant

7a. Number of students 8766 7b. Number of library patrons

8. Number of buildings to be served 21 9. Number of rooms to be served 575

### Block 3: Summary Description of Needs or Services Requested

10. ☐ Check if applicant seeks discounts only for eligible services based on one or more existing, binding contract(s) and proceed to Block 4. If so, provide date(s) contract(s) was/were signed \_\_\_\_\_ and its/their termination date(s) \_\_\_\_\_

11. ☐ Check here if you have a Request for Proposal (RFP) available. If the RFP is posted on a website, provide the website address \_\_\_\_\_

Contact Person's Name Danielle C. Gustafson and Phone Number: 815-740-3196

(1)	(2) Existing Service	(3) Additional Services Desired	(4) Total Service Desired	(5) Details (Optional)
<b>12. Telecommunications Services</b>				
a. Number of phones that have or require service (See instructions concerning extension phones and fax machines.)		204	204	103
b. Number of computers that have or require service				
c. Number of high bandwidth video conferencing links				
d. Specify other (Optional)	18	0	18	64K lines for WAN
	4	0	4	DS-1 Lines for WAN
<b>13. Internal Connections</b>				
a. Number of buildings with at least some rooms connected	21	21	21	Computer lab wiring Addtl. class wiring
b. Number of rooms connected	575	See details	575	
c. Highest speed of connection	10 Base T			
d. Specify other (Optional)				
<b>14. Internet Access</b>				
a. Number of dial up connections necessary	3	0	3	
b. Highest speed of such dial up connections	33.3 K Pops			
c. Number of direct connections necessary	3	2	5	Addtl DS- 1 lines
d. Highest speed of such direct connections	DS-1			
e. Specify other (Optional)				

15. You may provide additional summary information about the services you are requesting to help service providers identify your needs more precisely. You may provide technical requirements or give an informal description of your telecommunications-related goals. You may attach additional pages if necessary.

We are requesting funding for telephone lines, high speed transmission lines and DS-1 lines to the Internet. We are also requesting funding to expand the current networks to include computer labs and to extend wiring in each school from a roof-top mount to each server. Additional wiring will be needed in classrooms.

Contact Person's Name Danielle C. Gustafson and Phone Number: 815-740-3196

16. ☐ Check here if there are any restrictions imposed by state or local laws or regulations on how and when providers may contact you or on other bidding procedures. Please describe below any such restrictions or procedures. You may attach restrictions or give website where they are posted.

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17. Purchases in future years: If you have current plans to purchase additional services in future years, describe them below. (Providing this information is optional.)

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**Block 4: Technology Assessment**

18. Although the following services and facilities are ineligible for support, they are usually necessary if schools and libraries are to make effective use of the eligible services requested in this application. (If your application is only for basic voice telephone service, check this box ☐ and go to Item 19. Otherwise, you must check at least one box on each of the other lines. You may provide details for purchases being sought.)

a. Desktop communications software: Software required ☒ has been purchased; and/or ☐ is being sought.

b. Electrical systems: ☒ adequate electrical capacity is in place or has already been arranged; and/or ☐ upgrading for additional electrical capacity is being sought.

c. Computers: a sufficient quantity of computers ☐ has been purchased; and/or ☒ is being sought.

d. Computer hardware maintenance: adequate arrangements ☒ have been made; and/or ☐ are being sought.

e. Staff development:  
☒ all staff have had an appropriate level of training or additional training has already been scheduled; and/or ☐ training is being sought.

f. Additional details: Use this space to provide additional details to help providers to identify the services or facilities you desire.

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Contact Person's Name Danielle C. Gustafson and Phone Number: 815-740-3196

**Block 5: Listing Consortium Participants**

19. **Eligible Entities:** (Billed Entities.) If applicant is an individual school or a library or a school district or a library system that will receive only one bill, it should only fill in the first row of this chart. If applicant is a consortium of multiple billed entities, then it should fill out a row for each billed entity. (Applicant may attach additional pages.)

Billed Entity	Billed Entity's Zip Code	Billed Entity Code (Inserted by Administrator)	Zip Code(s) of Recipients of Service
Joliet Public Schools, Dist 86	60435		60432, 60433, 60435, 60436

20. **Entities Ineligible for Schools and Libraries Discount:**

Name of Entity	Zip Code(s) of Recipient of Service	Contact Person	Phone Number, E-mail Address, or Alternative Preferred Contact Method

**Block 6: Certifications and Signature**

21. The applicant includes: (Check one or both.)
- a. ☒ schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or
  - b. ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any school (including, but not limited to) elementary and secondary schools, colleges, and universities.
22. All of the individual schools, libraries, and library consortia listed above in item 19 are covered by:
- a. ☒ individual technology plans and/or
  - b. ☐ higher-level technology plans for using the services requested in this application (if those services consist of other than voice services).

Contact Person's Name Danielle C. Gustafson and Phone Number: 815-740-3196

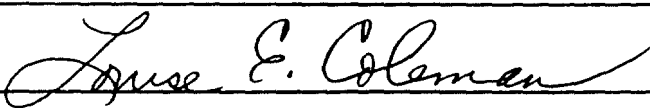
23. Status of technology plans (check one):

- a. ☒ Technology plan(s) has/have been approved; or
- b. ☐ Technology plan(s) will be approved by a state or other authorized body; or
- c. ☐ Technology plan(s) will be submitted to Schools and Libraries Corporation for approval.

24. ☒ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.

25. ☒ I recognize that support under this support mechanism is conditional upon the school(s) or library(ies) I represent securing access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to use the services purchased effectively.

26. ☒ I certify that I am authorized to submit this request on behalf of the above-named applicant, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

27. Signature of authorized person 	28. Date 3/2/99
29. Printed name of authorized person Louise E. Coleman	
30. Title or position of authorized person Superintendent	

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

**NOTICE TO INDIVIDUALS:** Section 54.504 of the Federal Communication Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Description of Services Requested and Certification Form (FCC Form 470) with the Universal Service Administrator, themselves or as part of a consortium. 47 C.F.R. § 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation of potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party of a proceeding before the body or has an interest in the proceeding.

If you owe a past due debt to the federal government, the taxpayer identification number (such as your social security number) and other information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide this information to these agencies through the matching of computer records when authorized.

With the exception of your social security number, if you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of

Contact Person's Name Danielle C. gustafson and Phone Number: 815-740-3196

1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, *et seq.*

Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 20554.

This form should be submitted to:

**SLC-Form 470  
P.O. Box 7026  
Lawrence, Kansas 66044-7026  
1-888-203-8100**

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form should be mailed to:

**SLC-Form 470  
c/o Ms. Smith  
3833 Greenway Drive  
Lawrence, Kansas 66046  
1-888-203-8100**

**Attachment B:**  
**Year 2 – Form 470**

FCC Form

Approval by OMB  
3060-0806

470

# Schools and Libraries Universal Service Description of Services Requested and Certification Form

Estimated Average Burden Hours Per Response: 6.0 hours

This form is designed to help schools and libraries describe the eligible telecommunications-related services they seek so that this data can be posted on a website and interested service providers can identify the applicant as a potential customer and compete to serve it.

Please read instructions before completing.

(To be completed by entity that will negotiate with providers.)

\* Starting Date: 03/06/1999

Allowable Contract Date: 04/03/1999

Certification Received Date: 03/05/1999

## 1. Name of Applicant:

JOLIET PUBLIC SCHOOLS, DISTRICT 86

## 2. Funding Year:

07/01/1999 - 06/30/2000

## 3a. NCES School Code (if individual school) Or NCES Library Code (if individual library)

State: 17 - District: 20580 - School/Library:

## 3b. Universal Service Control Number:

285590000236639

## 3c. Applicant ID Number:

135556

## 4a. Type Of Applicant

(Check only one box.)

- ☐ school
- ☒ school district
- ☐ library or library consortium under the LSTA
- ☐ consortium of multiple entities

## 4b. If Applicant is a consortium, check all other boxes that apply:

- ☐ includes non-governmental entities ineligible for support
- ☐ entity desires separate bills for each member of consortium
- ☐ entity desires separate bills for some members of consortium
- ☐ region of a state ☐ statewide ☐ multi-state
- ☐ state educational agency
- ☐ local educational agency
- ☐ educational service agency

## Street

420 N RAYNOR AVE.

## City

JOLIET

## State

IL

## Zip Code 5Digit

60435

## Zip Code 4Digit

6065

## Telephone number Ext:

(815) 7403196

## E-mail Address

dcgusto@hotmail.com

## Street Address, P.O. Box, or Route Number (If different from Item 5)

## Street:

420 N RAYNOR AVE.

## City:

JOLIET

## State

IL

## Zip Code 5Digit:

60435

## Zip Code 4Digit:

6065

Fill in all of the following (if available), and check the preferred mode of contact:

Telephone Number Ext:

(815) 7403196

Fax Number Ext:

(815) 7406520

E-mail address:

dcgusto@hotmail.com

Mail:

7a. Number of students: 8766	7b. Number of library patrons:
8. Number of buildings to be served: 21	9. Number of rooms to be served: 575

10. ☐ Check if applicant seeks discounts only for eligible services based on one or more existing, binding contract(s) and proceed to Block 4.

Sequence #	Date Contract Signed	Contract Termination Date
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11. ☐ Check here if you have a Request for Proposal(RFP) available. If RFP is posted on a website, provide the website address

(1)	(2)	(3)	(4)	(5)
	Existing Services	Additional Services Desired	Total Services Desired	Details(Optional)
a. Number of phones that have or require service (See instructions concerning extension phones and fax machines.)	0	204	204	103
b. Number of computers that have or require service				
c. Number of high bandwidth video conferencing links				
d. Specify other (Optional)	18	0	18	64K lines for WAN
a. Number of buildings with at least some rooms connected	21	21	42	Computer lab wiring Addtl. class wiring
b. Number of rooms connected	575	0	575	
c. Highest Speed of connection	10 Base T			
d. Specify other (Optional)	4	0	4	DS-1 lines for WAN
a. Number of dial up connections necessary	3	0	3	
b. Highest speed of dial up connections	33.3 K Pots			
c. Number of direct connections necessary	3	2	5	Addtl DS-1 lines
d. Highest speed of such direct connections	DS-1			
e. Specify other (Optional)				

15. You may provide additional summary information about the services you are requesting to help service providers identify your needs more precisely. You may provide technical requirements or give an informal description of your telecommunications-related goals.

**We are requesting funding for telephone lines, high speed transmission lines and DS-1 lines to the internet. We are also requesting funding to expand the current networks to include computer labs and to extend wiring in each school from a roof-top mount to each server. Additional wiring will be needed in classrooms.**

16. ☐ Check here if there are any restrictions imposed by state or local laws or regulations on how and when providers may contact you or on other bidding procedures. Please describe below any such restrictions or procedures. You may attach restrictions or give website where they are posted.

17. Purchases in future years: If you have current plans to purchase additional services in future years, describe them below (Providing this information is optional.)

18. Although the following services and facilities are ineligible for support, they are usually necessary if schools and libraries are to make effective use of the eligible services requested in this application.

(If your application is only for basic voice telephone service, **check this box**

☐ and go to Item 19. Otherwise, you must check at least one box in each of the other lines. You may provide details for purchases being sought.)

a. Desktop communications software: Software required <input checked="" type="checkbox"/> has been purchased; and/or <input type="checkbox"/> is being sought.
b. Electrical systems: <input checked="" type="checkbox"/> adequate electrical capacity is in place or has already been arranged; and/or <input type="checkbox"/> upgrading for additional electrical capacity is being sought.
c. Computers: a sufficient quantity of computers <input type="checkbox"/> has been purchased; and/or <input checked="" type="checkbox"/> is being sought.
d. Computer hardware maintenance: adequate arrangements <input checked="" type="checkbox"/> have been made; and/or <input type="checkbox"/> are being sought.
e. Staff development: <input checked="" type="checkbox"/> all staff have had an appropriate level of training or additional training has already been scheduled; and/or <input type="checkbox"/> training is being sought.
f. Additional details: Use this space to provide additional details to help providers to identify the services or facilities you desire.

19. **Eligible Entities:** (Billed Entities.) If applicant is an individual school or a library or a school district or a library system that will receive only one bill, it should only fill in the first row of this chart. If applicant is a consortium of multiple billed entities, then it should fill out a row for each billed entity. (Applicant may attach additional pages.)

Billed Entity	Billed Entity's Zip Code	Billed Entity Code (Inserted by Administrator)	Zip Code(s) of Recipients of Service
JOLIET PUBLIC SCHOOLS, DISTRICT 86	60435	135556	60432
JOLIET PUBLIC SCHOOLS, DISTRICT 86	60435	135556	60433
JOLIET PUBLIC SCHOOLS, DISTRICT 86	60435	135556	60435
JOLIET PUBLIC SCHOOLS, DISTRICT 86	60435	135556	60436

20. **Entities Ineligible for Schools and Libraries Discount:**

Name of Entity	Zip Code(s) of Recipients of Service	Contact Person	Phone Number, E-mail Address, or Alternative Preferred Contact Method
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a. ☒ schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or

b. ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any school(including, but not limited to) elementary and secondary schools, colleges, and universities.

a. ☒ individual technology plans and/or

b. ☐ higher-level technology plans for using the services requested in this application(if those services consist of other than voice services).

a. ☐ Technology plan(s) has/have been approved; or

b. ☐ Technology plan(s) will be approved by a state or other authorized body; or

c. ☐ Technology plan(s) will be submitted to Schools and Libraries Corporation for approval.

24. ☒ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.

25. ☒ I recognize that support under this program is conditional upon the school(s) or library(ies) I represent securing access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to use the services purchased effectively.

26. ☒ I certify that I am authorized to submit this request on behalf of the above-named applicant, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

29. Printed name of authorized person

Louise E. Coleman

30. Title or position of authorized person

Superintendent



**Attachment C:**  
**Vendor Bids and Contracts**

**AMERITECH CENTREX**Quick Quote  
ILLINOISJOLIET PUBLIC SCHOOL DISTRICT 86  
420 N. RAYNOR AVENUE  
JOLIET, IL 60435-6065  
815 725 3540Date: 03/17/99  
Contract Period: 84  
Total # Lines: 33Salesperson: LYNNETTE CRUITT  
Phone: 815-741-3333INSTALLATION CHARGES

USOC	LINE ITEM	QTY	EACH	TOTAL
1.	CYA1X SYSTEM CHARGE - 2-50 LINE	1	\$250.00	\$250.00
2.	SERVICE ORDER CHARGE	1	\$34.85	\$34.85
3.	LINE CONNECTION CHARGE	33	\$17.50	\$577.50
TOTAL INSTALLATION CHARGES:				\$862.35

MONTHLY CHARGES

USOC	LINE ITEM	QTY	EACH	TOTAL
1.	CYA1X SYSTEM CHARGE - 2-50 LINE	1	\$5.00	\$5.00
2.	1CV NETWORK ACCESS / STF - ACCAREA C	33	\$12.32	\$406.56
3.	NUM STANDARD FEATURE CENTREX STATION - 25+ COMMIT	33	\$7.00	\$231.00
4.	911/E911	33	\$0.75	\$24.75
5.	WZHAB TELEPHONE NUMBERS -BLOCK, PER GP OF 10 #'S	4	\$0.20	\$0.80
6.	9ZR FEDERAL ACCESS CHARGE	4	\$5.40	\$21.60
7.	DEAF RELAY/DPRS SUPP'L CHG	33	\$0.01	\$0.26
TOTAL MONTHLY CHARGES:				\$689.97

gma050597

## Ameritech Usage Service Agreement

This is an Agreement between Customer, as identified on page 2 herein, and Ameritech Enhanced Business Services, a division of Ameritech Services, Inc., as an agent for Ameritech-Illinois ("Ameritech") for non-standard usage rates for Band B and Band C in Illinois ("Service"). Although this form describes the Service in general terms, the Service is provided under the terms, conditions, regulations, rates and charges under Illinois Bell Telephone Company tariffs filed with the Illinois Commerce Commission. If there is any inconsistency between the tariffs and this Agreement, the tariffs shall govern.

1. **Effective Date:** This Agreement commences on the first billing date after the Service is installed.
2. **Term:** This Agreement is for the term specified on page 2 herein.
3. **Usage Commitment:** Customer commits to a Minimum Annual Usage Commitment (MAUC) for the term of this Agreement as specified on page 2. In the event Customer's actual usage on the account(s) listed on Attachment A is less than the MAUC, Customer shall be billed in a lump sum the difference between the actual Band B and Band C minutes of use and the MAUC X (times) the Customer's Band B and Band C rate for the year. Customer's MAUC attainment will be determined at the end of each year of service.

4. **Rate:**

Band  
B and C

Rate/Minute  
\$ .035

5. **Price Protection:** The rates are guaranteed not to increase during the term of the Agreement.
6. **Early Termination:** In the event Customer terminates this Agreement prior to its expiration, Customer shall be liable for termination charges except as provided in section 7 of this Agreement. The Customer will be billed in a lump sum equal to the following: MAUC X (times) the Customer's Band B and Band C rate for each full year remaining in the term commitment. In addition, if a partial year remains and the Customer's actual usage in that partial year is less than the MAUC level, Customer shall be liable for the difference between the actual Band B and Band C minutes of use in that partial year and the MAUC X (times) the Customer's Band B and Band C rate. Termination liability will be billed to Customer on its monthly Ameritech statement or its final Ameritech statement.
7. **Conversion:** Termination liability charges will not apply if during the term of this Agreement Customer converts to another Ameritech usage plan under a contract term equal to or greater than the time remaining under this Agreement and under which Customer's usage commitment is equal to or greater than the commitment under this Agreement.
8. **Liability:** The liability, if any, of Ameritech, its affiliates, successors, agents or assigns for damages to Customer or to any third party whether in negligence, tort, contract or otherwise, for any mistake, omission, interruptions, defects, delays, errors, injuries, non-performance or performance failures of the service covered under this Agreement is limited to an amount equal to a prorata adjustment of applicable recurring charges for the service or any portion of the service.

COPY

## Ameritech Usage Service Agreement

Select one term and specify usage commitment.

Term:	Customer Initials: _____
<input type="checkbox"/> 12 months	
<input type="checkbox"/> 24 months	
<input checked="" type="checkbox"/> 36 months	
Minimum Annual Usage Commitment:	Customer Initials: _____
(Total Bands B and C Minutes)	
700,000	

Your signature acknowledges that you understand and accept the terms and conditions for the Usage Service as stated on page one and that you are authorized to make the commitments under this Agreement.

FOR CUSTOMER	AMERITECH
Authorized Customer Signature	Authorized Ameritech Signature
Print/Type Name	Print/Type Name
Title	Date
Company Name	Telephone Number
Company Address/City/State/Zip	
Date	
Account Telephone Number	
*Additional Billing Account Telephone Numbers shall be as referenced in Attachment A.	

This section for internal use only.

Sales Branch Information:	
Branch:	Sales Code:
	Sales Person:

INVOICE

**LARSEN ELECTRIC INC.**

1625 JAMEY COURT - MORRIS, ILLINOIS 60450

(708) 820-7797 OR (815) 842-8454

LE

DATE

NO.

26 Mar 99 2514

JOLIET PUBLIC SCHOOLS  
DISTRICT NO. 86  
420 N. RAYNOR AVENUE  
JOLIET, ILLINOIS 60435-6097

TERMS: NET CASH DUE AND  
PAYABLE UPON RECEIPT OF  
INVOICE

WORK INSTALLED AT

YOUR ORDER NO.

JOB NO.

WOODLAND

E-RATE

## NETWORK WIRING ADDITIONS

INSTALL 2 DROPS IN KINDER RM.

INSTALL 2 DROPS IN CLERICAL OFF.

" " 1 DROP SPEECH RM.

" " 1 DROP IN O'CONNER'S OFF.

INSTALL LAB

28 LOCATIONS WITH RACK .

BLDG. STRUCTURE -- AVERAGE/NEW  
SOME DROP CEILING

1 INSTALL ALL OF THE ABOVE FOR NETWORK SYSTEM  
ADDITIONS TO SCHOOL.  
LABOR & MATERIAL COMPLETE.

4,900.00

4,900.00

ier certifies that the prices appearing herein are not in excess of applicable ceiling prices established under  
applicable laws or regulations.

hereby certify that these goods were produced in compliance with all applicable requirements of sections  
and 12 of the Fair Labor Standards Act, as amended, and of regulations and orders of the United States  
Department of Labor issued under section 14 thereof.

4,900.00

BALANCE DUE:

4,900.00

# GORDON FLESCH COMPANY INC.

## Contract for Technical Products/Services

Joliet Public School District #86  
420 N. Raynor  
Joliet, IL 60435

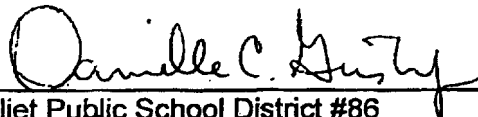
Control Number: 258960000015414  
School Location: Culbertson  
Date: April 3, 1999

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2	Dual Speed 10/100 Auto Switching 24-port Hub	\$ 982.00	\$ 1,964.00
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Total	\$ 1,964.00
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The signatures below designate approval by both parties to provide above listed services and products.

  
Joliet Public School District #86

4/3/99  
Date

  
Gordon Flesch Company, Inc.

4/3/99  
Date

"A COMMITMENT TO SERVICE EXCELLENCE FOR OVER 40 YEARS"

JOLIET, IL • GENEVA, IL • COLUMBUS, OH • MANSFIELD, OH • MADISON, WI • MILWAUKEE, WI

300 Republic Avenue, Joliet, IL 60435-6520 • Phone 815-744-1414 • Fax 815-741-5414